

# Amended Statement Cover

Changes made based on correspondence received from the Michigan Office of Financial and Insurance Services

ANNUAL STATEMENT

For the Year Ending December 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

Health Plan of Michigan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	52563	Employer's ID Number	38-3253977
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan	State of Domicile or Port of Entry	Michigan			
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]			
Date Incorporated or Organized	12/31/1995	Date Commenced Business	12/31/1995			
Statutory Home Office	17515 W. Nine Mile Road, Suite 650	Southfield, MI 48075				
	(Street and Number)	(City, or Town, State and Zip Code)				
Main Administrative Office	17515 W. Nine Mile Road, Suite 650					
	(Street and Number)					
	Southfield, MI 48075	(248)557-3700				
	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)				
Mail Address	17515 W.Nine Mile Road, Suite 650	Southfield, MI 48075				
	(Street and Number or P.O. Box)	(City, or Town, State and Zip Code)				
Primary Location of Books and Records	Same					
	(Street and Number)					
	Same,	(248)557-3700				
	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)				
Internet Website Address	www.hpmich.com					
Statutory Statement Contact	Jon B. Cotton	(248)204-6011				
	(Name)	(Area Code)(Telephone Number)(Extension)				
	j cotton@hpmich.com	(248)557-4638				
	(E-Mail Address)	(Fax Number)				
Policyowner Relations Contact	17515 W. Nine Mile Road, Suite 650					
	(Street and Number)					
	Southfield, MI 48075	(248)557-3700				
	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)(Extension)				

OFFICERS

President/CEO	David B. Cotton M.D.
Secretary/CIO	Thomas Lauzon
Treasurer/CFO	Janice Torosian

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Timothy Beck  
Thomas Lauzon  
Melanie Shearman

George Ellis  
Laura Leege

State of	Michigan
County of	Oakland ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
David B. Cotton, M.D.	Thomas Lauzon	Janice Torosian
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer
	a. Is this an original filing?	Yes[ ] No[X]
	b. If no,	1
	1. State the amendment number	09/09/2004
	2. Date filed	5
	3. Number of pages attached	

Subscribed and sworn to before me this  
day of , 2004

(Notary Public Signature)

**EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	2,529,861	3.594	.....	.....	.....	2,529,861
2.	Intermediaries .....	.....	.....	.....	.....	.....	.....
3.	All other providers .....	.....	.....	.....	.....	.....	.....
4.	Total capitation payments .....	2,529,861	3.594	.....	.....	.....	2,529,861
<b>Other Payments:</b>							
5.	Fee-for-service .....	.....	.....	X X X .....	X X X .....	.....	.....
6.	Contractual fee payments .....	67,403,554	95.761	X X X .....	X X X .....	.....	67,403,554
7.	Bonus/withhold arrangements - fee-for-service .....	.....	.....	X X X .....	X X X .....	.....	.....
8.	Bonus/withhold arrangements - contractual fee payments .....	453,583	0.644	X X X .....	X X X .....	.....	453,583
9.	Non-contingent salaries .....	.....	.....	X X X .....	X X X .....	.....	.....
10.	Aggregate cost arrangements .....	.....	.....	X X X .....	X X X .....	.....	.....
11.	All other payments .....	.....	.....	X X X .....	X X X .....	.....	.....
12.	Total other payments .....	67,857,137	96.406	X X X .....	X X X .....	.....	67,857,137
13.	Total (Line 4 plus Line 12) .....	70,386,998	100.000	X X X .....	X X X .....	.....	70,386,998

**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 .....	.....	.....	X X X .....	X X X .....	X X X .....

**SCHEDULE Y (continued)**  
**PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 52563 ..	.. 38-3253977 ..	HEALTH PLAN OF MI INC .....	..... 750,000	.....	.....	.....	.....	.....	.....	.....	..... 750,000	.....
9999999 Totals .....			..... 750,000	.....	.....	.....	.....	.....	X X X	.....	..... 750,000	.....

Schedule Y Part 2 Explanation: During the Year 2003, Health Plan if Michigan, Inc. declared a dividend of \$750,000. It was paid to its then, two shareholders. The dividend was authorised by the Insurance Commissioner.